



Army Medical Travel TRICARE GLOBAL REMOTE BENEFICIARIES



By
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ERMC Nurse Case Manager

ARMY MEDICAL TRAVEL

OBJECTIVES

- 1. List and define three types of medical care.**
- 2. The participant will be able to name and describe the three forms used to request Army medical travel.**
- 3. Given a case description determine which form should be used.**
- 4. Define role of the non-medical attendant (NMA).**

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TGRO

“In January 2006, medical care for beneficiaries assigned in remote locations must coordinate all of their routine and specialty care through International SOS”

ARMY MEDICAL TRAVEL

Funding

Defense Health Program Budget

“The medical mission of the Department of Defense (DoD) is to enhance DoD and our Nation’s security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care. Included are costs associated with provisions of the TRICARE benefit which provides for the health care of beneficiaries.”



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Overview of Appointment/Travel Coordination

Types of Care

- 1. Emergent, Urgent**
- 2. Routine**
- 3. Elective**

ARMY MEDICAL TRAVEL

Nearest Capability/Cost Effectiveness



ARMY MEDICAL TRAVEL

US Military Treatment Facilities

Europe

England
Germany
Italy
Spain
Turkey



ARMY MEDICAL TRAVEL

Army Military Treatment Facilities

Europe



ARMY MEDICAL TRAVEL

Overview of Appointment/Travel Coordination

1. Who is the patient?

-SM

-Child

-Adult family member

2. Reason for the appointment?

3. Location of appointment?

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Overview of Appointment/Travel Coordination

4. Proof of appointment

- verified in computer
- appointment slip
- TAO-E/International SOS

5. NMA

- medical documentation required

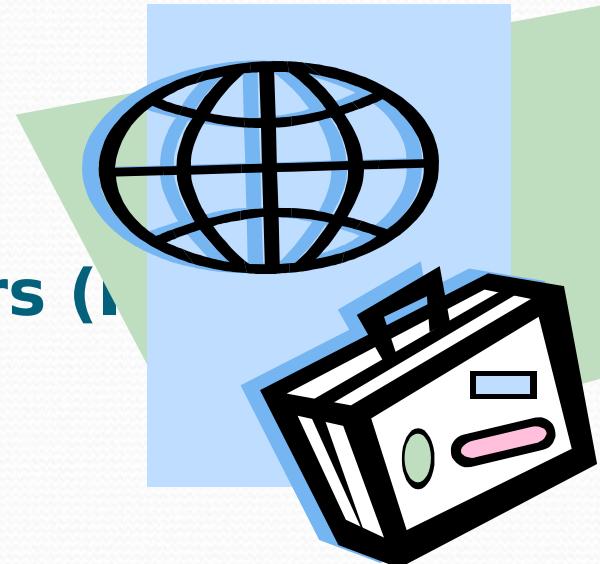
6. Requesting Travel orders

- emergent care
- scheduled appointment

ARMY MEDICAL TRAVEL

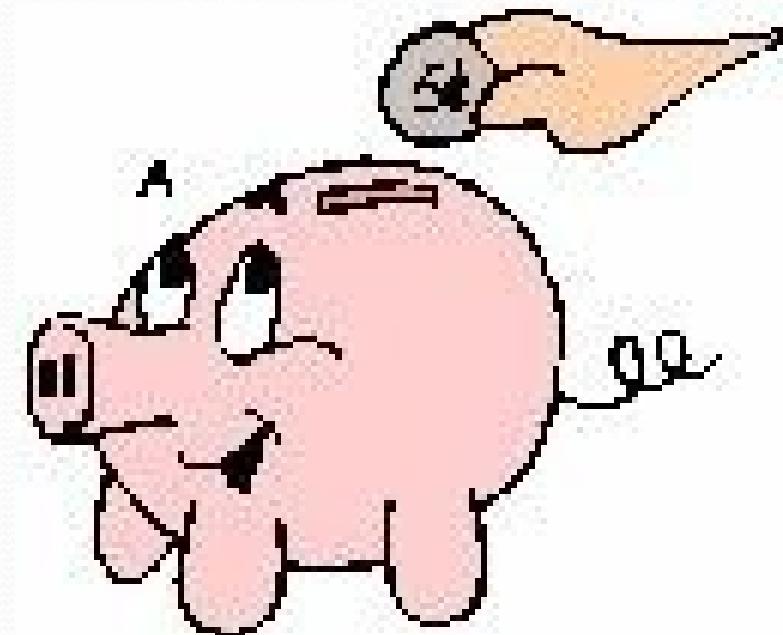
Requesting Medical Travel

- 1. DD Form 1610**
- 2. Invitational Travel Orders (ITOs)**
- 3. SF 1164**
- 4. Confirmatory Orders**



ARMY MEDICAL TRAVEL

Requesting Medical Travel



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Requesting Medical Travel



ARMY MEDICAL TRAVEL

DD FORM 1610

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations (JTR), Chapter 2) (Read Privacy Act Statement on back before completing form.)				1. DATE OF REQUEST (YYYYMMDD)
REQUEST FOR OFFICIAL TRAVEL				
2. NAME (Last, First, Middle Initial)		3. SOCIAL SECURITY NUMBER	4. POSITION/TITLE AND GRADE/RATING	
5. LOCATION OF PERMANENT DUTY STATION (PDS)			6. ORGANIZATIONAL ELEMENT	7. DUTY PHONE NUMBER (Include Area Code)
8. TYPE OF AUTHORIZATION		9. TDY PURPOSE (See JTR, Appendix H)	10a. APPROX. NO. OF TDY DAYS (Indicating travel time)	b. PROCEED DATE (YYYYMMDD)
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED				
12. TRANSPORTATION MODE a. COMMERCIAL b. GOVERNMENT c. LOCAL TRANSPORTATION RAIL AIR BUS SHIP AIR VEHICLE SHIP CAR RENTAL TAXI OTHER PRIVATELY OWNED CONVEYANCE (Check one) <input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only) <input type="checkbox"/> RATE PER MILE <input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTION COST OF CIVILIAN CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR				
13. <input type="checkbox"/> b. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.	14. ESTIMATED COST a. PER DIEM b. TRAVEL \$ \$			15. OTHER RATE OF PER DIEM (Specify) <input type="checkbox"/> \$ <input type="checkbox"/> E. HQ.
16. REMARKS (Use this space for special requests)				
17. TRAVEL-REQUESTING OFFICIAL (Title and signature)		18. TRAVEL-APPROVING/DIRECTING OFFICIAL (Title and signature)		
AUTHORIZATION				
19. ACCOUNTING CITATION				
20. AUTHORIZING/ORDER-ISSUING OFFICIAL (Title and signature)			21. DATE ISSUED (YYYYMMDD)	
22. TRAVEL AUTHORIZATION NUMBER				

ARMY MEDICAL TRAVEL

INVITATIONAL TRAVEL ORDERS (ITO)

DEPARTMENT OF THE ARMY
Headquarters, U.S. Army ERMC
CMR 442
APO AE 09042
MCEU-RM

Date

INVITATIONAL TRAVEL ORDER T.O.

Name: NAME, SSN

Address: LOCATION

You are invited to proceed from START POINT in sufficient time to arrive at DESTINATION by DATE for the purpose of receiving medical care for approximately # days.....

You are authorized to travel by: Rail
Commercial Air Military Aircraft Bus

See below for travel by Privately-Owned Conveyance

You are are not eligible for contract city pair air fares.

 You may travel by privately-owned conveyance. Reimbursement for the actual expenses incurred (e.g., gas; oil; highway, bridge, and tunnel tolls; parking fees; and other necessary expenses incurred incident to POC use) is authorized.... (U5240-C4c)

Receipts: Ticket stubs are required to substantiate your transportation cost. Receipts are required for lodging. **Receipts are required for all items of expense in an amount of \$75.00 or more plus any applicable tax.**



Special Instructions:

- If an extension to these orders is required, fax original orders with a memorandum from the attending physician...
- You will be paid actual daily costs of meals and incidentals not to exceed the prorated M&IE at the rate of \$ _____ per day while at the TDY....
- Reimbursement for commercial transportation between lodging and medical facilities...
- Individual is not authorized actual cost/per diem while in inpatient status at a medical treatment facility.
Purchase of airline ticket is from:
 - Commercial Billed Account (CBA)
 - Individual Billed Account (IBA) (GovTravel Card).
- Attendant travel is necessary as the Service/Family member is incapable of traveling alone because of age, physical or mental incapacity, or other extraordinary circumstances.

Applicable Per Diem Rates: (To be completed by ERMC Resource Management)

Authorized Lodging Rate _____ Authorized Meal & Incidental Expense Rate \$ _____

Estimated Costs: Travel _____ Per Diem _____
Other _____ Total: _____

A copy of all travel reimbursement vouchers processed against this order will be furnished to.....

The travel authorized herein has been determined to be in the public interest, and is chargeable to: 97 0130 1881 0 74-3240

SF 1164



CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER	
				3. SCHEDULE NUMBER	
				5. PAID BY	
Read the Privacy Act Statement on the back of this form.					
4. CLAIMANT a. NAME (Last, First, Middle Initial) b. SOCIAL SECURITY NO. c. MAILING ADDRESS (Include ZIP Code) d. OFFICE TELEPHONE NUMBER					
6. EXPENDITURES: (If fare claimed in col. (g) exceeds charge for one person, show in col. (f) the number of additional persons which accompanies the claimant.) DATE <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F (a) Local travel Funeral Honors Detail (b) Telephone or Telegraph, or Specialty Care (c) Other expenses (Specify) (Specify expenditures in specific detail)					
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (h)) ► \$ 8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency, to so certify (31 U.S.C. 680a).)		10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only			
APPROVING OFFICER SIGN HERE ► 9. This claim is certified correct and proper for payment. Sign Original Only		11. CASH PAYMENT RECEIPT a. PAYEE (Specify) b. DATE RECEIVED c. AMOUNT \$ 12. PAYMENT MADE BY CHECK NO.			
ACCOUNTING CLASSIFICATION					

DoD G-1000-4/2002 STANDARD FORM 1164 (Rev. 11-1977) AFDP 11-00
 Prescribed by GSA, FPMR (DFR 41) 101-7

ARMY MEDICAL TRAVEL

Types of Medical Travel Requests

1. Medical Appointment

2. Retirement Physicals

3. Surgery

4. Maternity Travel

5. CONUS Referrals

ARMY MEDICAL TRAVEL

ARMY Specific

- 1. EFMP**
- 2. PHA**
- 3. PHDRA**
- 4. Flight Physicals**

ARMY MEDICAL TRAVEL

ARMY Specific (con't)

5. Dental

- Active Duty**
- Active Duty Family Member**

ARMY MEDICAL TRAVEL

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???QUESTIONS???

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